UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA ALEXANDRIA DIVISION

IN RE:	
RICHARD JONATHAN GARZA)	Bankruptcy No. 11-12729-BFK
Debtor)	Chapter 7

DEBTOR'S REBUTTAL OF PRESUMPTION OF ABUSE

I, the undersigned Debtor herein, declare that the following special circumstances are applicable to my financial situation and justify an adjustment to my income and expenses, and justify the reasons this case has been converted to chapter 7 from chapter 13 on February 11, 2014. Using my income figures for the six full months prior to the month of filing would indicate a presumption of abuse in this case. However, please note the following:

Adjustments to Monthly Income:

I no longer receive overtime, resulting in a reduction of approximately four thousand dollars per month. Additionally, because of injuries received on the job, I am currently receiving disability pay at only 70% of my full pay.

Adjustments to Monthly Expenses:

I did not have sufficient taxes taken out of my pay when this case was filed and have incurred an additional \$11,000 in tax debt, post-petition. Additional taxes in the amount of \$900/month should have been taken out given the previous rate of pay. That figure is reduced now since I am only earning 2/3 as much money as when I filed.

Additionally, because I could not keep up with my plan payment and taxes, I had to take out a loan from my 401(k), and now have an additional \$100/month taken out of my paycheck to cover that loan.

Additionally, because my 1999 vehicle died, I had to purchase another vehicle and the monthly payment on that is over \$400/month.

Additionally, we had to switch health insurance to my wife's plan, and that costs an extra \$300/month over when we originally filed our case.

A Form 22A with my actual current income and expenses is attached to this Rebuttal for your review

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

/s/ Richard Jonathan Garza D. G. J. Richard Jonathan Garza

THE LAW OFFICES OF MICHAEL J. O. SANDLER, PLLC

/s/ Michael J. O. Sandler
Michael J. O. Sandler
The Law Offices of Michael J. O. Sandler, PLLC
12781 Darby Brooke Court, Suite 206
Woodbridge, VA 22192
VSB 46443
703-494-3323 (office)
703-610-9235 (fax)
sandlerlaw@yahoo.com

In re Rich	ard Jonathan Garza, Jr.	
	Debtor(s)	According to the information required to be entered on this statement
Case Number:	11-12729	(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was
	filed;
	OR OR
	b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) E	XCLUSION		
	Marital/filing status. Check the box that applies and complete the balance of this part of this states	nen	t as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.				
	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, de	bto	r declares under	penal	ty of perjury:
2	"My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete of	ııa	re living apart of	ner tr	Income!!)
2.	for Lines 3-11.	шу с	column A (Den	ior s	income)
	c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b	abo	ove. Complete b	oth C	olumn A
	("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.				
}	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("S	Spor	use's Income'') 1	or Li	nes 3-11.
	All figures must reflect average monthly income received from all sources, derived during the six		Column A	•	Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the		Debtor's		Spouse's
	six-month total by six, and enter the result on the appropriate line.		Income		Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	7,158.33	\$	3,553.00
	Income from the operation of a business, profession or farm. Subtract Line b from Line a and	-			
	enter the difference in the appropriate column(s) of Line 4. If you operate more than one				
	business, profession or farm, enter aggregate numbers and provide details on an attachment. Do				1
. 4	not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.				.e
4	Debtor Spouse				
	a. Gross receipts \$ 0.00 \$ 0.00				
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00	l .	1 4		
	c. Business income Subtract Line b from Line a	\$	0.00	\$	0.00
	Rent and other real property income. Subtract Line b from Line a and enter the difference in				
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.				
5	Debtor Spouse				
	a. Gross receipts \$ 0.00 \$ 0.00	1			
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00				
	c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$	0.00
6	Interest, dividends, and royalties.	\$	0.00		0.00
7 7	Pension and retirement income.	\$	0.00	\$	0.00
	Any amounts paid by another person or entity, on a regular basis, for the household	١.			
8	expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your	'			
	spouse if Column B is completed. Each regular payment should be reported in only one column;				
	if a payment is listed in Column A, do not report that payment in Column B.	\$	0.00	\$	472.00
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9.				
	However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A				
9	or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to				
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$	0.00
	Income from all other sources. Specify source and amount. If necessary, list additional sources				
	on a separate page. Do not include alimony or separate maintenance payments paid by your				
	spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments				
	received as a victim of a war crime, crime against humanity, or as a victim of international or			-	
10	domestic terrorism.				
	Debtor Spouse				
	a. \$ \$ \$ b. \$ \$ \$ \$ \$ \$ \$ \$ \$				
	Total and enter on Line 10	\$	0.00	\$	0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if	T			
	Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	7,158.33	\$	4,025.00

12	Total Current Monthly Income for § 707(b Column A to Line 11, Column B, and enter the amount from Line 11, Column A.			\$		11,183.33
	Part III. APP	LICAT	ION OF § 707(b)(7) EXCLUSION	٧		
13	Annualized Current Monthly Income for § enter the result.	707(b)(7).	. Multiply the amount from Line 12 by the	number 12 and	\$	134,199.96
14	Applicable median family income. Enter the (This information is available by family size a					
	a. Enter debtor's state of residence:	VA	b. Enter debtor's household size:	4	_ \$	86,990.00
15	Application of Section 707(b)(7). Check the ☐ The amount on Line 13 is less than or ed top of page 1 of this statement, and comp	qual to the			does n	ot arise" at the
	The amount on Line 13 is more than the	amount o	n Line 14. Complete the remaining parts	of this statement.	1	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

ijustment. If you checked the box at Line that was NOT paid on a regular basis for the specify in the lines below the basis for the liability or the spouse's support of person income devoted to each purpose. If necess hox at Line 2.c, enter zero. e's student loans e's credit cards e's personal loan e's personal loan e's personal/hygiene expenses enter on Line 17 conthly income for § 707(b)(2). Subtract Part V. CALCULATIO Subpart A: Deductions under tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankrucurrently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all taket Health Care for persons under 65 year	Line 17 from Standard court in applicable uptcy court ur federal in below the a	she column B income (such the Column B income (such the Column B income (such the Column B income) and the debtor or the debtor of the debtor of the debtor of the Internal Revenumber of persons. (The District of the Internal Revenumber of persons. (The District of the Internal Revenumber of persons.)	or or the debtor's ach as payment of or's dependents) a separate page. 380.00 200.00 46.28 150.00 e result. OM INCOMINATION venue Service mount from IRS his information is ser of persons is to the service of the	of the and the lf you did E (IRS) National s available the number y	\$	776.28 10,407.05
e's student loans e's credit cards e's personal loan e's personal/hygiene expenses enter on Line 17 enthly income for § 707(b)(2). Subtract Part V. CALCULATIO Subpart A: Deductions under tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankru currently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all ket Health Care for persons under 65 year	Standard s. Enter in applicable uptcy court ur federal in	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	200.00 46.28 150.00 e result. OM INCOMINATION INCOMINATI	(IRS) National s available the number y	\$	10,407.05
e's credit cards e's personal loan e's personal/hygiene expenses enter on Line 17 enthly income for § 707(b)(2). Subtract Part V. CALCULATIO Subpart A: Deductions under tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankru currently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all ket Health Care for persons under 65 year	Standard s. Enter in applicable uptcy court ur federal in	s s m Line 16 and enter the EDUCTIONS FRC ds of the Internal Rev Line 19A the "Total" and enumber of persons. (Th t.) The applicable number income tax return, plus th	46.28 150.00 e result. OM INCOMINATION INCO	(IRS) National s available the number y	\$	10,407.05
e's personal/hygiene expenses enter on Line 17 onthly income for § 707(b)(2). Subtract Part V. CALCULATIO Subpart A: Deductions under tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankru currently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all taket Health Care for persons under 65 year	Standard s. Enter in applicable uptcy court ur federal in	som Line 16 and enter the EDUCTIONS FROM Is of the Internal Rev. Line 19A the "Total" are enumber of persons. (The applicable number necessary in the complex of the income tax return, plus the complex of the income tax return, plus t	e result. OM INCOM venue Service mount from IRS his information is er of persons is t	(IRS) National s available the number y	\$	10,407.0
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Part V. CALCULATIO Subpart A: Deductions under tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankru currently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all taket Health Care for persons under 65 year	Standard s. Enter in applicable uptcy court ur federal in	EDUCTIONS FRO Is of the Internal Rev Line 19A the "Total" and e number of persons. (The t.) The applicable number income tax return, plus the	venue Service mount from IRS his information is er of persons is t	(IRS) National s available the number y	\$	10,407.05
Part V. CALCULATIO Subpart A: Deductions under tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankru currently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all ket Health Care for persons under 65 year	Standard s. Enter in applicable uptcy court ur federal in	EDUCTIONS FRO Is of the Internal Rev Line 19A the "Total" and e number of persons. (The t.) The applicable number income tax return, plus the	venue Service mount from IRS his information is er of persons is t	(IRS) National s available the number y		
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tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankru currently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all blet Health Care for persons under 65 year	e applicable aptcy court federal in the pelow the a	Line 19A the "Total" are number of persons. (The applicable number neome tax return, plus the	mount from IRS his information is er of persons is t	National s available the number	s	4 277 00
tandards: food, clothing and other items for Food, Clothing and Other Items for the doj.gov/ust/ or from the clerk of the bankru currently be allowed as exemptions on you dependents whom you support. tandards: health care. Enter in Line all blet Health Care for persons under 65 year	e applicable aptcy court federal in the pelow the a	Line 19A the "Total" are number of persons. (The applicable number neome tax return, plus the	mount from IRS his information is er of persons is t	National s available the number	s	4 277 00
ket Health Care for persons under 65 year		mount from IDC Notions		. 1	· ·	1,377.00
ander 65 years of age, and enter in Line b2 to applicable number of persons in each age as exemptions on your federal income tax t.) Multiply Line a1 by Line b1 to obtain a ultiply Line a2 by Line b2 to obtain a total	te or older. tey court.) the applical category is return, plu a total amount for	nd in Line a2 the IRS Na (This information is ava Enter in Line b1 the appl ble number of persons w is the number in that cate is the number of any add unt for persons under 65, or persons 65 and older, a	ational Standards allable at dicable number of the are 65 years gory that would ditional dependents, and enter the re-	of persons of age or currently nts whom esult in		
Persons under 65 years of age						
		Allowance per person		144	. :	
		Number of persons		0		
btotal 240.0	00 c2.	Subtotal		0.00	\$	240.00
ir el r 1 iii ll u u n tata	e applicable number of persons in each age applicable number of persons in each age as exemptions on your federal income tax rt.) Multiply Line a1 by Line b1 to obtain a fultiply Line a2 by Line b2 to obtain a total ines c1 and c2 to obtain a total health care and c2 to obtain a total health care and c3 to obtain a total health care and c4 to obtain a total health care and c5 years of age and c5 years of age and c6 years of age and c7 years of age and c7 years of persons and c7 years of years of persons and years of persons years of years of years of persons years of	ander 65 years of age, and enter in Line b2 the applicate applicable number of persons in each age category it as exemptions on your federal income tax return, plurt.) Multiply Line a1 by Line b1 to obtain a total amount federal income tax return, plurt.) Multiply Line a2 by Line b2 to obtain a total amount federal income c1 and c2 to obtain a total health care amount, and Persons under 65 years of age Compared to the person Compared to	e applicable number of persons in each age category is the number in that cate applicable number of persons in each age category is the number in that cate is as exemptions on your federal income tax return, plus the number of any addrt.) Multiply Line al by Line bl to obtain a total amount for persons under 65 fultiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, ines c1 and c2 to obtain a total health care amount, and enter the result in Line. Persons under 65 years of age Persons 65 years of allowance per person Blowance per person Blowan	ander 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of applicable number of persons in each age category is the number in that category that would as exemptions on your federal income tax return, plus the number of any additional dependent.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the refultiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the residence of any comparison of the comparison of	Persons under 65 years of age	ander 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or e applicable number of persons in each age category is the number in that category that would currently as exemptions on your federal income tax return, plus the number of any additional dependents whom rt.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in fultiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line ines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older Illowance per person 60 a2. Allowance per person 144 umber of persons 9 240.00 c2. Subtotal 0.00 \$ Indards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and tandards; non-mortgage expenses for the applicable county and family size. (This information is at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of

20B	available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy con the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line be the total debts secured by your home, as stated in Line 42; subtract Line be from	leral income tax return, plus the al of the Average Monthly Payr	number of nents for any	
	not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense	\\$	1,647.00	
	b. Average Monthly Payment for any debts secured by your	\$	0.00	
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	Subtract Line b from Line a.		1,647.00
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below: Actual rent (\$1800) plus utilities	led under the IRS Housing and	Utilities	392.00
:	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses	of operating a	-
22A	Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	es or for which the operating ex	penses are	
	□ 0 □ 1 ■ 2 or more.	, street and the		*
	If you checked 0, enter on Line 22A the "Public Transportation" amount amount and transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ of the control of	"Operating Costs" amount from applicable Metropolitan Statist	tical Area or	540.0
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go court.)	you are entitled to an additional insportation" amount from IRS	l deduction for Local	5 0.0
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)			
	■ 1 □ 2 or more.			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line the result in Line 23. Do not enter an amount less than zero.	court); enter in Line b the total of	of the Average	
• •	a. IRS Transportation Standards, Ownership Costs	\$	496.00	
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$	49.31	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		446.69
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 24. Do not enter an amount less than zero.	IRS Local Standards: Transportourt); enter in Line b the total of	rtation of the Average	
	a. IRS Transportation Standards, Ownership Costs	\$	0.00	
	Average Monthly Payment for any debts secured by Vehicle	•		
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	0.00	0.0
				, 0.0
	Other Necessary Evnenses tower Enter the total evenses mentaling	manga that you aster 11- the C	on oll f-d-n-1	
25	Other Necessary Expenses: taxes. Enter the total average monthly extate and local taxes, other than real estate and sales taxes, such as income taxes.	spense that you actually incur for ome taxes, self employment tax	or all federal, es, social	

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$	113.20
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$	224.38
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$	1,469.00
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$	0.00
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$	640.00
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$	60.00
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	100.00
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$	10,667.27
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in		
34			
34	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00		
34	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00		
34	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00	\$	527.00
34	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00	(+ 	527.00
34	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00 c. Health Savings Account \$ 0.00 Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:	(+ 	
-	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00 c. Health Savings Account \$ 0.00 Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$		0.00
35	Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00 c. Health Savings Account \$ 0.00 Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$	\$	0.00
35	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$ 520.00 b. Disability Insurance \$ 7.00 c. Health Savings Account \$ 0.00 Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount	\$	527.00 0.00 0.00

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Stand or fro	nses exceed the combined allow lards, not to exceed 5% of those	ase. Enter the total average monthly am ances for food and clothing (apparel an combined allowances. (This informatio ourt.) You must demonstrate that the	d service on is avai	s) in the IRS lable at <u>www</u>	National .usdoj.gov/ust/	\$ 50.00
40	Cont finan	inued charitable contributions cial instruments to a charitable	s. Enter the amount that you will continuous as defined in 26 U.S.C. §	nue to cor 170(c)(1)	ntribute in the	form of cash or	\$ 0.00
41	Tota	l Additional Expense Deductio	ons under § 707(b). Enter the total of I	Lines 34 t	hrough 40		\$ 677.00
			Subpart C: Deductions for De	bt Payı	ment		
42	own, check sched case,	list the name of the creditor, ide whether the payment includes fulled as contractually due to each	s. For each of your debts that is secured entify the property securing the debt, states or insurance. The Average Month ch Secured Creditor in the 60 months for additional entries on a separate page.	ate the Avalue of the Avalue o	verage Montle ent is the tota the filing of t	ally Payment, and all of all amounts the bankruptcy	
		Name of Creditor	Property Securing the Debt	Avera	nge Monthly Payment	Does payment include taxes or insurance?	
	a.	Wells Fargo Dealer Services	2006 Hyundai Elan	\$	49.31	□yes ■no	
-				Total	: Add Lines		\$ 49.31
43	moto your payn sums	r vehicle, or other property need deduction 1/60th of any amount nents listed in Line 42, in order in default that must be paid in	If any of debts listed in Line 42 are secessary for your support or the support of t (the "cure amount") that you must pay to maintain possession of the property. order to avoid repossession or foreclosus additional entries on a separate page.	f your de the cred The cure	pendents, you itor in addition amount wou	n may include in on to the ld include any	
		Name of Creditor	Property Securing the Debt		1/60th of th	e Cure Amount	
	a.	-NONE-		\$	T	otal: Add Lines	\$ 0.00
44	prior		laims. Enter the total amount, divided by claims, for which you were liable at ch as those set out in Line 28.		all priority cl	aims, such as	\$ 0.00
			es. If you are eligible to file a case under by the amount in line b, and enter the re				
45	a. b.	issued by the Executive Offi	chapter 13 plan payment. district as determined under schedules fice for United States Trustees, (This www.usdoj.gov/ust/ or from the clerk of	\$ x		200.00	
	c.		tive expense of chapter 13 case	Total:	Multiply Lin	es a and b	\$ 17.20
46	Tota	l Deductions for Debt Paymen	t. Enter the total of Lines 42 through 4	5.			\$ 66.51
			Subpart D: Total Deductions 1	from In	come		
47	Tota	l of all deductions allowed und	ler § 707(b)(2). Enter the total of Lines	33, 41, 8	and 46.		\$ 11,410.78
		Part VI. D	ETERMINATION OF § 707(b)(2) Pl	RESUMP'	ΓΙΟΝ	
48	Ente	The state of the s	urrent monthly income for § 707(b)(2	/ / /			\$ 10,407.05
49	Ente	r the amount from Line 47 (T	otal of all deductions allowed under §	707(b)(2	2))		\$ 11,410.78
50	Mon	thly disposable income under	§ 707(b)(2). Subtract Line 49 from Lin	e 48 and	enter the resu	ılt.	\$ -1,003.73
51	60-m resul		§ 707(b)(2). Multiply the amount in L	ine 50 by	the number	60 and enter the	\$ -60,223.80

	The same of the sa		
	Initial presumption determination. Check the applicable box and proceed as d	irected.	
52	The amount on Line 51 is less than \$7,475*. Check the box for "The presun statement, and complete the verification in Part VIII. Do not complete the remains		f page 1 of this
	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for statement, and complete the verification in Part VIII. You may also complete Part VIII.		
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.	Complete the remainder of Part VI	(Lines 53 through 55
53	Enter the amount of your total non-priority unsecured debt		\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	per 0.25 and enter the result.	\$
	Secondary presumption determination. Check the applicable box and proceed	as directed.	
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	x for "The presumption does not a	rise" at the top of pag
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may		nption arises" at the to
	Part VII. ADDITIONAL EXPENS		the health and welfar
E.C.	Part VII. ADDITIONAL EXPENSION Of the Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses.	in this form, that are required for m your current monthly income u	ınder §
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses.	in this form, that are required for m your current monthly income u figures should reflect your average	ander § ge monthly expense f
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All	in this form, that are required for m your current monthly income u	ander § ge monthly expense f
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses. Expense Description	in this form, that are required for m your current monthly income to figures should reflect your average Monthly Am	ander § ge monthly expense f
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses. Expense Description a.	in this form, that are required for m your current monthly income to figures should reflect your average Monthly Am	ander § ge monthly expense f
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses. Expense Description a. b.	in this form, that are required for m your current monthly income to figures should reflect your average Monthly Am	ander § ge monthly expense f
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses. Expense Description a. b. c.	in this form, that are required for m your current monthly income u figures should reflect your average Monthly Am \$ \$ \$ \$	ander § ge monthly expense f
56	Other Expenses. List and describe any monthly expenses, not otherwise stated you and your family and that you contend should be an additional deduction fro 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All each item. Total the expenses. Expense Description a. b. c. d.	in this form, that are required for m your current monthly income u figures should reflect your average. Monthly Am \$ \$ \$ \$ \$ \$ \$	ander § ge monthly expense for

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